



Docket No.: 2950-0269P
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Gab Jae LEE

Application No.: 10/606,382

Confirmation No.: 4732

Filed: June 26, 2003

Art Unit: 2653

For: METHOD FOR CONTROLLING OPTICAL
POWER LEVEL

Examiner: V. T. Pham

AMENDMENT AFTER FINAL ACTION UNDER 37 C.F.R. 1.116

MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

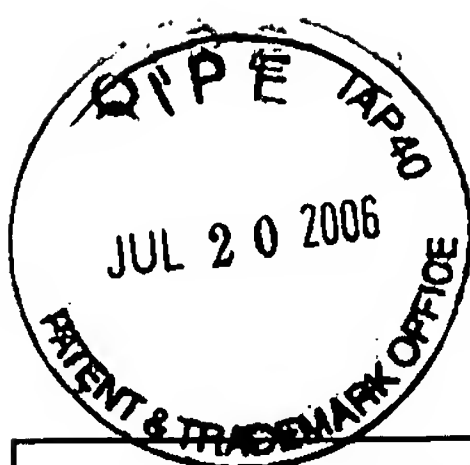
Sir:

INTRODUCTORY COMMENTS

In response to the Examiner's Office Action dated May 16, 2006, the following amendments and remarks are respectfully submitted in connection with the above-identified application.

This reply includes:

**Amendments to the Claims; and
Remarks.**



MS AF
REPLY UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP

AF
Zhu

AMENDMENT TRANSMITTAL LETTER				Docket No. 2950-0269P																																											
Application No. 10/606,382-Conf. #4732	Filing Date June 26, 2003	Examiner V. T. Pham	Art Unit 2653																																												
Applicant(s): Gab Jae LEE																																															
Invention: METHOD FOR CONTROLLING OPTICAL POWER LEVEL																																															
<p>MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="6" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</th></tr><tr><th style="width: 20%;"></th><th style="width: 15%;">Claims Remaining After Amendment</th><th style="width: 15%;">Highest Number Previously Paid</th><th style="width: 15%;">Number Extra Claims Present</th><th style="width: 15%;">Rate</th><th style="width: 20%;"></th></tr></thead><tbody><tr><td style="padding: 5px;">Total Claims</td><td style="text-align: center; padding: 5px;">13</td><td style="text-align: center; padding: 5px;">- 20 =</td><td style="padding: 5px;"></td><td style="text-align: center; padding: 5px;">x</td><td style="padding: 5px;"></td></tr><tr><td style="padding: 5px;">Independent Claims</td><td style="text-align: center; padding: 5px;">2</td><td style="text-align: center; padding: 5px;">- 3 =</td><td style="padding: 5px;"></td><td style="text-align: center; padding: 5px;">x</td><td style="padding: 5px;"></td></tr><tr><td colspan="5" style="padding: 5px;">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td><td style="padding: 5px;"></td></tr><tr><td colspan="5" style="padding: 5px;">Other fee (please specify):</td><td style="padding: 5px;"></td></tr><tr><td colspan="5" style="padding: 5px;">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td><td style="text-align: center; padding: 5px;">0.00</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity</p> <p><input checked="" type="checkbox"/> No additional fee is required for this amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> Credit any overpayment.</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"><div style="width: 60%;"><p>Esther H. Chong Attorney Reg. No.: 40,953</p><p>BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000</p></div><div style="width: 35%; text-align: right;"><p>Dated: <u>July 20, 2006</u></p></div></div>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	13	- 20 =		x		Independent Claims	2	- 3 =		x		Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
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